PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/730,760			Filing Date 12/08/2003		To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN ALL ENTITY	
FOR			NUMBER FI	.ED	IUMBER EXTRA		Т	RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A			N/A]	N/A		
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A			N/A			N/A		
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A		N/A		I	N/A			N/A		
	TAL CLAIMS CFR 1.16(i))		mir	us 20 = *			ſ	x \$ =		OR	x s =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			m	minus 3 = *			I	x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE S	sheets of pap s \$250 (\$125 additional 50	wings exceed 1 cation size fee d tity) for each ction thereof. So 37 CFR 1.16(s	lue ee								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))							L]			
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL]	TOTAL		
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY													
AMENDMENT	01/15/2009	CLAIMS REMAININ AFTER AMENDME		HIGHEST NUMBER PREVIOUSI PAID FOR	PRESEN LY EXTRA		L	RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	* 33	Minus	 60	= 0		I	x \$ =		OR	X \$52=	0	
	Independent (37 CFR 1.16(h))	• 3	Minus	4	= 0		Г	x \$ =		OR	X \$220=	0	
M	Application Size Fee (37 CFR 1.16(s))						Г						
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						ſ			OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)													
L		CLAIMS REMAININ AFTER AMENDME	VG	HIGHEST NUMBER PREVIOUS PAID FOR	PRESEN LY EXTRA		l	RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Z.	Total (37 CFR 1,16(i))		Minus	**	=		I	x \$ =		OR	x \$ =		
AMENDMENT	Independent (37 CFR 1,16(h))	*	Minus	***	=			x \$ =		OR	x \$ =		
Ш	Application Size Fee (37 CFR 1.16(s))]			
ΑN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						L			OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** 16	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1.												

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